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PTO/SB/01 (12-97)

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<b>DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)</b>	<b>Attorney Docket Number</b>	2368/12
	<b>First Named Inventor</b>	Kevin Delos Parris
	<b>COMPLETE IF KNOWN</b>	
	<b>Application Number</b>	09/771,383
	<b>Filing Date</b>	January 25, 2001
	<b>Group Art Unit</b>	TBA
<input type="checkbox"/> Declaration Submitted with Initial Filing	OR	<input checked="" type="checkbox"/> Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)
<b>Examiner Name</b>		TBA

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**CRYSTAL STRUCTURE OF ACYL CARRIER PROTEIN SYNTHASE AND ACYL CARRIER PROTEIN SYNTHASE COMPLEX**

the specification of which (Title of the Invention)

☐ is attached hereto

OR

☒ was filed on (MM/DD/YYYY) 01/25/2001 as United States Application Number or PCT International

Application Number 09/771,383 and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?
			YES NO	YES NO
			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	
60/178,639	01/28/2000	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

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## DECLARATION — Utility or Design Patent Application

I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 35(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)

☐ Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

<input type="checkbox"/> Customer Number OR <input checked="" type="checkbox"/> Registered practitioner(s) name/registration number listed below		Place Customer Number Bar Code Label here
Name	Registration Number	Name
Morton Amster	16,077	Joel E. Lutzker
Michael J. Berger	25,629	Ira E. Siflin
Daniel S. Ebenstein	24,932	Leonard S. Sorpi
Kenneth P. George	30,258	Nail M. Zipkin
Philip H. Gottfried	35,871	Craig J. Arnold
Abraham Kasdan	32,997	Elis Gendloff
Anthony F. LaFollette	23,463	

☐ Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto.

Direct all correspondence to: ☐ Customer Number or Bar Code Label ☐ OR ☒ Correspondence address below

Name	Craig J. Arnold, Esq.		
Address	Amster, Rothstein & Ebenstein		
Address	90 Park Avenue		
City	New York	State	NY
Country	U.S.A.	ZIP	10016
Telephone	(212) 697-5995	Fax	(212) 286-0854

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true, and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Kevin Delos		Parris	
Inventor's Signature		Date	10/8/01
Residence City	Auburndale	State	MA
Country	U.S.A.	Citizenship	U.S.A.
Post Office Address	112 Woodbine Street		
Post Office Address			
City	Auburndale	State	MA
ZIP	02466	Country	U.S.A.

☒ Additional inventors are being named on the 2 supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.

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## DECLARATION

ADDITIONAL INVENTOR(S)  
Supplemental Sheet  
Page 1 of 2

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
William Stuart		Somers	
Inventor's Signature			Date
Residence: City	Cambridge	State	MA
		Country	U.S.A.
		Citizenship	U.K.
Post Office Address	20 Mead Street, #2		
Post Office Address			
City	Cambridge	State	MA
		ZIP	02140
		Country	U.S.A.
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Amy Szepei		Tam	
Inventor's Signature			Date
Residence: City	Frammingham	State	MA
		Country	U.S.A.
		Citizenship	U.S.A.
Post Office Address	1630 Worcester Road 29 Sturgis St. 41		
Post Office Address			
City	Frammingham	State	MA
		ZIP	01702
		Country	U.S.A.
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Laura		Long Lin	
Inventor's Signature			Date
Residence: City	Weston	State	MA
		Country	U.S.A.
		Citizenship	U.S.A.
Post Office Address	50 Golden Ball Road		
Post Office Address			
City	Weston	State	MA
		ZIP	02493
		Country	U.S.A.

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## DECLARATION

## ADDITIONAL INVENTOR(S) Supplemental Sheet Page 2 of 2

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle (if any))		Family Name or Surname					
Mark Lloyd		Stahl					
Inventor's Signature						10-18-01 Date	
Residence: City	Lexington	State	MA	Country	U.S.A.	Citizenship	U.S.A.
Post Office Address	36 N. Hancock Street						
Post Office Address							
City	Lexington	State	MA	ZIP	02420	Country	U.S.A.
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle (if any))		Family Name or Surname					
XXXXXXXXXXXXXXXXXXXXXXXXXXXX		XXXXXXXXXXXXXXXXXXXXXXXXXXXX					
Inventor's Signature						Date	
Residence: City	XXXXXXXXXXXX	State	XXXXXX	Country	XXXXXXXXXXXX	Citizenship	XXXXXX
Post Office Address	XXXXXXXXXXXXXXXXXXXXXXXXXXXX						
Post Office Address							
City	XXXXXXXXXXXX	State	XXXXXX	ZIP	XXXXXX	Country	XXXXXXXXXX
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle (if any))		Family Name or Surname					
XXXXXXXXXXXXXXXXXXXXXXXXXXXX		XXXXXXXXXXXXXXXXXXXXXXXXXXXX					
Inventor's Signature						Date	
Residence: City	XXXXXXXXXXXX	State	XXXXXX	Country	XXXXXXXXXXXX	Citizenship	XXXXXX
Post Office Address	XXXXXXXXXXXXXXXXXXXXXXXXXXXX						
Post Office Address							
City	XXXXXXXXXXXX	State	XXXXXX	ZIP	XXXXXX	Country	XXXXXXXXXX

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